having been sufficiently gained, he could call away their attention from the part affected *to some distant spot*, in which a disorder working its own cure had been artificially produced. Of all such means, a seton seems in most instances the best; this is to be made of a single ligature (silk) set in at a distance from the affected joint, and embracing only a small portion of skin. The placing of a seton is sufficiently painful and like a surgical operation to attract strongly the patient's attention, and yet not so much so as to be cruel or greatly repugnant to her feelings. Another advantage is that, besides a distinct beginning, it has a certain end, which the patient is to watch; and if she believe, as can well be managed, that as the seton works through the skin she will get better, and when it comes quite away she will be well, the result is certain to follow her belief. Mr. Barwell read several cases which he had thus treated, and quoted in support a case in which Mr. Hancock, by giving a patient thus affected chloroform, and performing a mock operation, had produced a cure. He observed, in conclusion, that the most essential points were—to be quite certain in the diagnosis, to master the confidence of the patient, and to place the seton or other agent at a sufficient distance from the part affected.—*Lancet*, Nov. 20, 1858.

—

21. *Pathology of Rheumatism.*—Dr. FRANCIS T. BOND analyzes (*Midland Quarterly Journal*, April and July, 1858) the prevailing doctrines regarding the intimate nature of rheumatism, and objects, with regard to the lactic-acid theory, which may be said to be the one most generally prevailing at present—1. That lactic acid has not been shown to be in excess in the blood of rheumatic patients; 2. That, even supposing it to be present in excess, it would be difficult to trace the connection between this circumstance and the exudations in and about the different fibrous structures of the body; 3. That other acids being in excess in the secretions, and therefore possibly in the blood, they may be as much the cause of the phenomena as lactic acid; 4. That, in regard to the theory attributing the disease to suppression of the cutaneous excretions, it is doubtful whether it is preceded by greater suppression than the prodromata of all inflammatory diseases bring with them; and 5. That the extreme tendency to sweating which occurs during an acute attack of the disease may be much better explained by another theory.

In order to establish a theory of rheumatism, Dr. Bond next analyzes the phenomena of the disease, and finds that fatigue, exposure to cold, mental emotions, or some other depressing agent, exercise a paramount influence in its production; febrile symptoms making their first appearance, followed by local affections in some fibrous tissue. A hyperinotic condition of the blood exists from the first, and the excessive fibrin having a special affinity for the fibrous structure, is specially deposited in and about them; hence the joints and the valves of the heart become the chief seats of the local affection. The preference shown in different cases for particular joints depends upon their greater weakness, or upon their labouring under some abnormal condition, upon the principle enunciated by Mr. Paget, that the depressed nutrition of a joint makes it more liable than any other part to be the seat of inflammation excited by the diseased blood. Dr. Bond's theory, then, reverses the order in which the different constituents of the diseases are commonly supposed to stand. Instead of regarding the hyperinosis merely as an effect of the reaction of the local disease upon the system at large, he considers it to be the primary source of the exudation, the causative agent of the latter, without which it could never exist. The increase in the urinary and cutaneous secretions, and the greater amount of urea, uric acid, lactic, phosphoric, and other acids in them, the author attributes to the metamorphosis of the fibrin; these substances being the products of the degradation of fibrinous matter, "the relations of urea and uric acid to highly nitrogenized matters—as exhibited by the experiments of Lehmann, by the recent manufacture of urea by oxidizing albuminous substances by M. Béchamp, and by the general excess of these excreta in the hyperinotic states of the blood, combined with that of lactic acid, to the muscular juice as determined by the researches of Liebig—amply corroborate this statement as far as these three bodies are concerned; the others, from the smallness of their amount, may be put out of consideration."

Dr. Bond considers the sources of an excess of fibrin in the system to fall under

three heads: 1. As a result of imperfect primary assimilation; 2. As a result of a metamorphic process, normal in nature, but extreme in amount; 3. As a result of defective elimination of the fibrin by the excretory processes provided for the purpose.

Having said thus much, we must refer our readers for the conclusions which the author draws as to treatment to the paper itself; we will merely add that his theory possesses a great resemblance to that propounded by Mr. Toynbee, a short time back, at the Medico-Chirurgical Society, shortly after the publication of the first part of Dr. Bond's paper.—*Brit. and For. Med.-Chir. Rev.*, Oct., 1858.

—

22. *Bronzed-skin Cachexia, with Congenital Absence of the Supra-renal Capsules.*—Mr. J. K. Spender records (*British Medical Journ.*, Sept. 11, 1858) an example of this. The subject of it was a female, 53 years of age. "She had been for some time 'out of health'—ailing—suffering from something difficult to define, and out of the category of ordinary nosologies. She looked very pale, the pallor having that dark earthy tint which is ordinarily associated with the existence of malignant disease. When she sat down, she stooped forward like a very aged person, from physical inability to sustain herself upright; and her lassitude and exhaustion appeared to be extreme. No pain was complained of, but she had lately suffered from diarrhœa, although this was not of sufficiently long continuance, nor of sufficient severity, to explain the aggravated spanæmia. Her health, until two months previously, had always been good; and she had apparently been one of those persons who, by 'never having known a day's illness,' are said by a great humourist to miss one of the finest disciplines of life."

The treatment was simple, and did not influence the progress of the disease.

"The *post-mortem* examination revealed the entire absence of the supra-renal capsules. The kidneys were healthy; but there was a remarkably anæmic condition of the whole mucous membrane of the alimentary canal—a point to which attention was first directed by Dr. Simpson. Black pigment was accumulated to a considerable extent in the mesenteric and bronchial glands. The latter were so swollen with pigment that they appeared like tough inky tumours, thus literally realizing Rokitansky's words (vol. iv. p. 393, Syd. Soc. edit.). Black pigment was also noticed in the parenchyma of the lungs. The other thoracic and abdominal organs were healthy. The cavity of the head was not examined. The tegumentary discoloration was tolerably uniform, and had a metallic shining character by reflected light. Over the flexures of the great joints, the dark tinge was much increased."

—

23. *Bronzed Skin and Healthy Supra-renal Capsules.*—Dr. Harley showed to the Pathological Society of London different parts of discoloured skin, and also the healthy capsules, which were taken from a man, aged sixty-six, who died in University College Hospital. The patient was admitted into the hospital, under the care of Dr. Parkes, a month before his death. At the time of his admission he presented a curious appearance, being more like a half-caste than a native of a temperate climate. The whole body, except the lower extremities and a few isolated patches on the abdomen, was of a dark bronze colour, the darkest parts being about the head and neck. His history was, that seven years ago he had a five-weeks' attack of jaundice, from which he perfectly recovered. Three or four months afterwards he observed a change taking place in the colour of his skin; some parts seemed to become whiter, others darker. The dark places gradually increased in size, and at the end of six months had extended to nearly the degree they presented on his admission. During the last three or four months of his life he had become gradually weaker, lost flesh, and had little or no inclination for food. His bowels, too, were irregular. In fact, the case presented the signs and symptoms of Addison's disease. On post-mortem examination, however, the capsules were found *perfectly* healthy in every respect, both by naked eye and microscopical examination. The peritoneum, as well as the rete mucosum of the skin, contained pigmentary matter. The man died from ascites, the result of a diseased liver.—*Lancet*, Nov. 27, 1858.